



# 2018 Open Enrollment

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### Q: Do I have to *actively participate* in Open Enrollment?

On July 3, 2017, legislation was passed by the General Assembly and signed by Governor Carney requiring employees of the State of Delaware, which includes all State Agencies, School Districts, Charter Schools, DOE, DTCC & DSU, to actively participate in the Open Enrollment process each year by selecting a health plan or waiving coverage. For the 2018 Benefits Open Enrollment, the SBO is requesting every benefit-eligible employee follow the VALUE FIVE CALL TO ACTION steps to actively participate.

*For more information on Open Enrollment, visit [de.gov/statewidebenefits](https://de.gov/statewidebenefits), select the “Open Enrollment” button, then choose your enrollment group.*

### Q: What steps do I need to take in order to *actively participate*?

The State of Delaware wants you to take action this May to make sure you are enrolled in the benefit plans that provide the **BEST VALUE** for you and your family! Getting the BEST VALUE means reviewing your benefit options and making informed decisions about what plans are most affordable and aligned with your needs.

Show you **VALUE** your benefits by actively participating in Open Enrollment, by logging into Employee Self Service, choosing State of Delaware Employee Self-Service and completing the VALUE FIVE CALL TO ACTION steps.

*For more information on the Enrollment Action Checklist (VALUE FIVE), visit [de.gov/statewidebenefits](https://de.gov/statewidebenefits), select the “Open Enrollment” button, then choose your enrollment group.*

### Q: Will there be benefit plan premium (rate) changes for 2018?

The benefit plan premiums (or rates) for the health, dental and vision plans will not change on July 1, 2018; however, there are a number of health benefit design changes intended to help you obtain the same level of quality and service at reduced costs to you and the State of Delaware. Rates for Group Universal Life (GUL) insurance will increase 6.6% on July 1, 2018. Learn What’s New by viewing the online mini-videos or visiting an upcoming health fair.

*For more information on Open Enrollment, visit [de.gov/statewidebenefits](https://de.gov/statewidebenefits), select the “Open Enrollment” button, then choose your enrollment group.*



### Q: When will the coverage changes take effect?

The coverage changes and rates (applies only to GUL insurance), or the termination of existing coverage will take effect on **July 1, 2018**. State of Delaware employees are paid on a lag basis meaning that the first deduction for new coverage or changes to coverage beginning July 1, 2018 will be taken from the July 20, 2018 paycheck.

*For more information on Open Enrollment, visit [de.gov/statewidebenefits](https://de.gov/statewidebenefits), select the “Open Enrollment” button, then choose your enrollment group.*

### Q: How can I become more informed about my benefits?

The Statewide Benefits Office has provided several Consumerism Resources in order to help employees *actively participate* in Open Enrollment and while providing the **BEST VALUE** for you and your family.

- The **Health Plan Comparison Chart** provides a side-by-side comparison of the four Health Plans offered by the State of Delaware.
- A curriculum of brief **Informational Mini Videos**, which include “2018 Benefits Open Enrollment: What’s New?”, videos on the four Health Plans, and Spousal and Dependent Coordination of Benefits, provide an in-depth overview of each topic.
- The **Interactive Benefits Guide** is an online guide that includes audio and screen interactions for eligible members to learn about the benefits available to them.
- The **myBenefitsMentor® Consumer Decision Tool** is designed to help you make the best selection from the four health plans offered by the State of Delaware.

*For more information on Open Enrollment Consumerism Resources, visit [de.gov/statewidebenefits](https://de.gov/statewidebenefits), select the “Open Enrollment” button, then choose your enrollment group.*



### Q: Who do I contact with questions regarding State of Delaware Employee Self-Service (ESS)?

Employees can select one of the “assistance links” on the [Single Sign-on Login](#) page. **Employees who need to reset or forget their password, should click “Forgot Password?” and follow the prompts.** This takes only a few minutes.

Employees who continue to experience issues with accessing Benefits Enrollment and ESS should contact PHRST Employee Self Service Assistance at their toll-free number **1-866-751-7833**. The Statewide Benefits Office does not have the capability to assist employees with Login issues.

### Q: Will I get Member ID Cards?

- **Health\***: All members (new and current) in Aetna’s CDH Gold & HMO Plans and new members in Highmark’s First State Basic and Comprehensive PPO Plan will receive new ID cards.
- **Prescription\***: Members who enroll in a health plan for the **first time** will receive prescription ID cards. ID cards do not auto generate for coverage tier changes.

*\*Please note that Health and Prescription ID cards will not be generated by vendors until the June 1st interface files have been processed by vendors. ID Cards will be mailed mid to late June 2018.*

- **Dental\*\***: Only new members will receive ID cards. ID cards do not auto generate for coverage tier changes.
- **Vision\*\***: Only new members will receive ID cards. ID cards do not auto generate for coverage tier changes.

*\*\*Please note that Dental and Vision ID cards are generated by vendors after each weekly file processes.*

- **Supplemental**: Member ID cards are **not** issued for the supplemental benefits offered by Aflac.

### Q: What will happen to unused Aetna CDH Gold HRA funds at the end of the plan year?

Unused CDH Gold HRA Funds will rollover to the next plan year and are available the beginning of the new plan year. If you do not continue in a CDH Gold plan the funds will be forfeited. However, remaining unused funds will be used to pay for claims incurred during the period the employee was active in the CDH Gold Plan. HRA Fund balances and status of claims may be obtained by contacting Aetna Customer Services at 1-877-542-3862 or [www.Aetna.com](http://www.Aetna.com).

### Q: Who can an employee cover under their benefits?

An eligible employee can cover a legal spouse and eligible, dependent children under age 26.

For more information on eligibility visit [de.gov/statewidebenefits](https://de.gov/statewidebenefits) and select “Group Health Insurance Eligibility and Enrollment Rules” button.

### Q: What do I need to provide if I am covering a spouse or other dependent for the FIRST TIME?

**Proof of eligibility must be provided for anyone covering a spouse or dependent for the *FIRST TIME*.**

- Proof of eligibility for a spouse is a copy of the Marriage Certificate/Civil Union Certificate.
- Proof of eligibility for a dependent is a Birth Certificate or other legal document.\*
- Social Security Card must be provided in order to confirm a spouse or dependent’s Social Security Number
- Complete a [Child Dependent Coordination Benefits](#) form if your dependent child has other health coverage.
- Complete a [Certification of Tax Dependent Status](#) form if covering a spouse due to civil union or other dependents due to civil union.

\*This information is not forwarded to the carriers. Your Human Resources/Benefits Office will maintain this documentation.

### Q: What do I need to do if I choose to cover my spouse for the 2018 Open Enrollment?

If you cover your spouse in one of the State of Delaware's Group Health Insurance medical (Aetna or Highmark) plans, you **MUST** complete a Spousal Coordination of Benefits form upon initial enrollment, each year during your Open Enrollment period and anytime your spouse’s employment or insurance status changes. **Failure to submit a new Spousal COB form each year will result in a reduction of spousal benefits.**

For more information on Spousal Coordination of Benefits, visit [de.gov/statewidebenefits](https://de.gov/statewidebenefits), select the “Coordination of Benefits” button, then choose “Spousal”.



### Q: Where can I find information to assist with my online benefit enrollment?

The Statewide Benefits Office has provided several guides to assist employees with their Online Open Enrollment. The [Open Enrollment Self Service Guide](#) offers assistance navigating Employee Self Service (ESS) during Open Enrollment. The [Spousal Coordination of Benefits Employee Self Service Guide](#) offers step-by-step instruction for completing the SCOB Form in Employee Self Service during Open Enrollment and year-round.

*For more information on the Enrollment Guides visit [de.gov/statewidebenefits](https://de.gov/statewidebenefits), select the “Open Enrollment” button, then choose your enrollment group.*

### Q: How will I confirm I actively participated in Open Enrollment?

If a preferred email is on file in Employee Self-Service, employees will receive an email confirming Open Enrollment elections were submitted and the employee actively participated, upon their completion of Benefit Enrollment. Benefit elections **WILL NOT** be provided on the email. **It is highly recommended the employee retain a copy of this confirmation email for their records.**

To review Benefit elections, employees must log into [Employee Self-Service](#), select “State of Delaware Employee Self Service”, then “Benefits” and “Benefits Summary”. Enter the date of **07/01/2018** and click “Go”. Benefit changes made in Benefits Enrollment **CANNOT** be viewed until the [following business day](#). **It is highly recommended the employee retain a copy of this screen for their records.**

### Q: Are employees able to make corrections to their benefit elections after Open Enrollment ends?

Employees who notice an error on their Benefits Summary after Open Enrollment ends must contact their Human Resources /Benefits Office with the necessary changes no later than June 1, 2018.

**No corrections will be made after June 1, 2018, including requests made to Human Resources/Benefit Offices, after ID cards are received or members try to use services after the start of the plan year.**

